

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 07/699,479 FILING DATE 5/13/91
 APPLICANT(S) Fosnough

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4		10		10	
TOTAL DEP.	13		46		28	
TOTAL CLAIMS	17		56		38	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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